

**First Presbyterian Church of Avenel**  
**SUNDAY SCHOOL REGISTRATION FORM 2015-2016**



Sunday School Starts on September 13, 2015 from 9:00 a.m. to 9:45 a.m. in the Christian Education Building for Pre-School thru High School

**Please Print Clearly**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I give my permission to allow my child \_\_\_\_\_ to be photographed or videoed for the purpose of showing Sunday School activities as a display on our church website at <http://avenelpresbyterianchurch.org>.

Signature: \_\_\_\_\_

**Please return your completed form to the First Presbyterian Church of Avenel,  
621 E. Woodbridge Avenue, Avenel, New Jersey 07001**